U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only .	
READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.	
E (AUG152005)	A STATE OF THE STA
ZAS DO	
1. File Number U - 6/55	2. Fiscal Year Covered From:
	1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name Ricardo F Icaza	Name United Food & Comercial Workers Local 770
	Labor Organization File Number 517-385
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 630 Shatto Place	Street 630 Shatto Place
City Los Angeles	City Los Angeles
State California ZIP Code + 4 90005-1372	State California ZIP Code + 4 90005-1372
5. Position in labor organization. President	
Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):	
A. Held an interest in, engaged in transactions (including loans) with, or of monetary value from an employer whose employees your organization.	
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	7.b. Amount.
Street	7.5. Allouite
City Commence Protection for the international control of the cont	
State ZIP Code + 4	
Sign	ature
Sign. 15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany undersigned's knowledge and belief true, correct, and complete. (See the second	Perjury and other applicable penalties of the law, that all of the information ing documents), has been examined by the signatory and is, to the best of the

Name of Person Filing Ricardo Icaza	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	9. Business deals with: a. Labor Organization b. Trust c. Employer	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any		
Street All the Street Stre	11.b. Approximate dollar value of such dealing.	
City	12.a. Nature of interest held or income receive	
State ZIP Code + 4		
State ZIP Code + 4	12.b. Amount.	
C. Received from any employer (other than an employer covered undor from any labor relations consultant to an employer any payment of money	er parts A and B above)	
C. Received from any employer (other than an employer covered undor from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant	er parts A and B above)	
C. Received from any employer (other than an employer covered undor from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	er parts A and B above) or other thing of value.	
C. Received from any employer (other than an employer covered undor from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant	er parts A and B above) or other thing of value. 14.a. Nature of payment.	
C. Received from any employer (other than an employer covered undor from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	er parts A and B above) or other thing of value. 14.a. Nature of payment.	
C. Received from any employer (other than an employer covered undor from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Janus Institutional	er parts A and B above) or other thing of value. 14.a. Nature of payment.	
C. Received from any employer (other than an employer covered undor from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Janus Institutional Trade Name, if any:	er parts A and B above) or other thing of value. 14.a. Nature of payment.	
C. Received from any employer (other than an employer covered undor from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Janus Institutional Trade Name, if any: P.O. Box, Bldg., Room No., if any	er parts A and B above) or other thing of value. 14.a. Nature of payment.	
C. Received from any employer (other than an employer covered undoor from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Janus Institutional Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 2603 Camino Ramon, Suite 200	er parts A and B above) or other thing of value. 14.a. Nature of payment.	

Name of Person Filing Ricardo Icaza	Fil	le Number U-
B. Held an interest in or derived income or economic benefit with monetary va substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is acti (2) any part of which consists of buying from or selling or leasing directly or inc dealing with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or lirectly to, or otherwise	
8. Name and address of Business (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	9. Business deals with: a. Labor Organization b. Trust c. Employer	
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	11.a. Nature of such dealing.	
Street	11.b. Approximate dollar value o	f such dealing.
City	12.a. Nature of interest held or	income received.
State ZIP Code + 4		
	12.b. Amount.	
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name Loomis, Sayles & Co., L.P. Trade Name, if any:	Dinner - January 9,	2004
P.O. Box, Bldg., Room No., if any		
Street 555 California Street		
City San Francisco		
State California ZIP Code + 4 94104		
13.b. Is the Business an Employer 🗶 or Consultant ?	14.b. Amount of payment.	\$90

Name of Person Filing Ricardo Icaza		File Number U-
B. Held an interest in or derived income or economic benefit with monetary values substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is actively any part of which consists of buying from or selling or leasing directly or included ling with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or directly to, or otherwise	;
8. Name and address of Business (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	9. Business deals with: a. Labor Organizat b. Trust c. Employer	tion
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing	ng.
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street		
City	11.b. Approximate dollar valu	Prior 2000-billion billion bil
State ZIP Code + 4		
	12.b. Amount.	
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money		
13.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment.	
(including trade name, if any).	Dinner - December	3, 2004
Name Goldman Sachs Asset Management Trade Name, if any: P.O. Box, Bldg., Room No., if any		
Street 555 California Street		
City San Francisco		
State California ZIP Code + 4 94104		
13.b. Is the Business an Employer 🗶 or Consultant ?	14.b. Amount of payment.	\$60

Name of Person Filing Ricardo Icaza	F	ile Number U-
B. Held an interest in or derived income or economic benefit with monetary va substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is acti (2) any part of which consists of buying from or selling or leasing directly or included the consists of buying from the consists of buying from or selling or leasing directly or included in the consists of buying from the consists of buyin	wise dealing with the business vely seeking to represent, or directly to, or otherwise	
8. Name and address of Business (including trade name, if any). Name Morgan Stanley Trade Name, if any: P.O. Box, Bldg., Room No., if any One Financial Place Street 440 South LaSalle Street City Chicago State Illinois ZIP Code + 4 90630-0010 10. If 9.b. or 9.c. is checked give trust or employer's name. Name S.C. United Food & Commercial Workers Unions Trade Name, if any: & Food Employers Joint Trust Funds	9. Business deals with: a. Labor Organization b. Trust c. Employer 11.a. Nature of such dealing. Investment Manger fo	
Trade Name, if any: & Food Employers Joint Trust Funds P.O. Box, Bldg., Room No., if any P.O. Box 6010 Street 6425 Katella Avenue City Cypress State California ZIP Code + 4 90630-0010	11.b. Approximate dollar value of 12.a. Nature of interest held of Dinner - February 17	r income received.
	12.b. Amount.	\$45
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
City		
State ZIP Code + 4		
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	

Name of Person Filing Ricardo Icaza	File Number U-
B. Held an interest in or derived income or economic benefit with monetary va substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is acti (2) any part of which consists of buying from or selling or leasing directly or inc dealing with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or directly to, or otherwise
8. Name and address of Business (including trade name, if any). Name Morgan Stanley Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 440 South LaSalle Street City Chicago State Illinois ZIP Code + 4 90630-0010	9. Business deals with: a. Labor Organization b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name S.C. United Food & Commercial Workers Unions	Investment Manager for Pension Fund.
Trade Name, if any: & Food Employers Joint Trust Funds	
P.O. Box, Bldg., Room No., if any P.O. Box 6010	
Street 6425 Katella Avenue	11.b. Approximate dollar value of such dealing.
City Cypress	11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received.
State California ZIP Code + 4 90630-0010	Dinner - December 1, 2004 - Includes Spouse
	12.b. Amount. \$100
C. Received from any employer (other than an employer covered under	
or from any labor relations consultant to an employer any payment of money	or other thing of value.
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name	
Trade Name if any	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
P.O. Box, Bldg., Room No., if any	
P.O. Box, Bldg., Room No., if any Street	

Name of Person Filing Ricardo Icaza	File Number U	J-
B. Held an interest in or derived income or economic benefit with monetary values substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or included in guith your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or lirectly to, or otherwise	
8. Name and address of Business (including trade name, if any). Name Bluecross of California Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 21555 Oxnard Street, Mis AC-PC City Woodland Hills State California ZIP Code + 4 91367	9. Business deals with: a. Labor Organization b. Trust c. Employer	
10. If 9.b. or 9.c. is checked give trust or employer's name. Name S.C. United Food & Commercial Workers Unions Trade Name, if any: & Food Employers Joint Trust Funds P.O. Box, Bldg., Room No., if any P.O. Box 6010 Street 6425 Katella Avenue City Cypress State California ZIP Code + 4 90630-0010	11.a. Nature of such dealing. Health Care Network Provider 11.b. Approximate dollar value of such deali 12.a. Nature of interest held or income redinner - December 4, 2004	ing.
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money		\$65
13.a. Name and address of Employer or Labor Relations Consultant	1	
(including trade name, if any).	14.a. Nature of payment.	
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	14.a. Nature of payment.	

Name of Person Filing Ricardo Icaza		File Number U -
B. Held an interest in or derived income or economic benefit with monetary val substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or incomplete dealing with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or lirectly to, or otherwise	3
8. Name and address of Business (including trade name, if any). Name Lazard Asset Management, LLC Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 30 Rockefeller Plaza City New York State New York ZIP Code + 4 90630-0010	9. Business deals with: a. Labor Organizat b. Trust c. Employer	tion
40 KO h. or 0 o is shooked size trust or employer's name	11.a. Nature of such dealir	na.
10. If 9.b. or 9.c. is checked give trust or employer's name. Name S.C. United Food & Commercial Workers Union Trade Name, if any: & Food Employers Joint Trust Funds P.O. Box, Bldg., Room No., if any P.O. Box 6010	Investment Manager	
Street 6425 Katella Avenue		
City Cypress	11.b. Approximate dollar valu	
	12.a. Nature of interest held Dinner - December 2	
State California ZIP Code + 4 90630-0010		
	12.b. Amount.	
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
City		
State ZIP Code + 4		
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	

Name of Person Filing Ricardo Icaza	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name, if any). Name Union Bank of California Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 445 South Figueroa, Fifth Floor City Los Angeles State California ZIP Code + 4 90071 10. If 9.b. or 9.c. is checked give trust or employer's name.	9. Business deals with: a. Labor Organiza b. Trust c. Employer 11.a. Nature of such deali Corporate Co-Trust	
Name S.C. United Food & Commercial Workers Unions Trade Name, if any: & Food Employers Joint Trust Funds P.O. Box, Bldg., Room No., if any P.O. Box 6010 Street 6425 Katella Avenue City Cypress State California ZIP Code + 4 90630-0010	11.b. Approximate dollar value 12.a. Nature of interest hele Dinner - November	te of such dealing. d or income received.
	12.b. Amount.	\$60
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
 In place of the property of the property of the property of the place of the place		
State ZIP Code + 4		

Name of Person Filing Ricardo Icaza	File Number U-
B. Held an interest in or derived income or economic benefit with monetary val substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is active. (2) any part of which consists of buying from or selling or leasing directly or included ling with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or lirectly to, or otherwise
8. Name and address of Business (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	9. Business deals with: a. Labor Organization b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	
Street	11.b. Approximate dollar value of such dealing.
City	12.a. Nature of interest held or income received.
State ZIP Code + 4	
	12.b. Amount.
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	er parts A and B above) or other thing of value.
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
	Lunch - January 29, 2004
Name Amalgamated Bank	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street 60 South Los Robles Avenue	
City Pasadena	
State California ZIP Code + 4 91101	
13.b. Is the Business an Employer 🗶 or Consultant ?	14.b. Amount of payment.

Name of Person Filing Ricardo Icaza	File Number	U-
B. Held an interest in or derived income or economic benefit with monetary values substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is actively any part of which consists of buying from or selling or leasing directly or included ling with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or lirectly to, or otherwise	
8. Name and address of Business (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	9. Business deals with: a. Labor Organization b. Trust c. Employer	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	11.b. Approximate dollar value of such dea 12.a. Nature of interest held or income n	Zeran delened literante delegió en producingos de come dele en conserva del esculo en productivo en conserva de
	12.b. Amount.	
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money		
13.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment.	
(including trade name, if any).	Lunch - March 11, 2004	
Name Amalgamated Bank		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street 60 South Los Robles Avenue		
City Pasadena		
State California ZIP Code + 4 91101		
13.b. Is the Business an Employer 🗶 or Consultant 🧷 ?	14.b. Amount of payment.	\$41

Name of Person Filing Ricardo Icaza	File Number U-
B. Held an interest in or derived income or economic benefit with monetary va substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is acti (2) any part of which consists of buying from or selling or leasing directly or inc dealing with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or directly to, or otherwise
8. Name and address of Business (including trade name, if any). Name Lizard Asset Management, LLC Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 30 Rockefeller Plaza City New York State New York ZIP Code + 4 10112-6300	9. Business deals with: a. Labor Organization b. Trust c. Employer
10 If 0 b, or 0 c, is absolved about the trust on annula code and	11.a. Nature of such dealing.
10. If 9.b. or 9.c. is checked give trust or employer's name. Name S.C. United Food & Commercial Workers Unions	Investment Manager for Pension Fund.
P.O. Box, Bldg., Room No., if any P.O. Box 6010	
Street 6425 Katella Avenue	11.b. Approximate dollar value of such dealing.
City Cypress	12.a. Nature of interest held or income received.
State California ZIP Code + 4 90630-0010	Dinner - November 2, 2004 - Spouse included.
	12.b. Amount. \$120
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	or parts A and B above) or other thing of value.
13.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment.
(including trade name, if any). Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
City	
State ZIP Code + 4	
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.

Name of Person Filing Ricardo Icaza	File Number U -
B. Held an interest in or derived income or economic benefit with monetary val substantial part of which consists of buying from, selling or leasing to, or otherwof an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or directly to, or otherwise
8. Name and address of Business (including trade name, if any). Name Lizard Asset Management, LLC Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 30 Rockefeller Plaza City New York State New York ZIP Code + 4 10112-6300	9. Business deals with: a. Labor Organization b. Trust c. Employer 11.a. Nature of such dealing.
10. If 9.b. or 9.c. is checked give trust or employer's name. Name S.C. United Food & Commercial Workers Unions Trade Name, if any: & Food Employers Joint Trust Funds P.O. Box, Bldg., Room No., if any P.O. Box 6010 Street 6425 Katella Avenue	Investment Manager for Pension Fund.
City Cypress State California ZIP Code + 4 90630-0010	11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received. Lunch - November 3, 2004
	12.b. Amount. \$42
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	
or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant	
or from any labor relations consultant to an employer any payment of money	or other thing of value.